

**Fill in this information to identify the case:**

Debtor name **Powell Valley Health Care, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

Case number (if known) **16-20326**

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: **Codebtor**

Column 2: **Creditor**

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

☐ D  
☐ E/F  
☐ G

2.2

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

☐ D  
☐ E/F  
☐ G

2.3

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

☐ D  
☐ E/F  
☐ G

2.4

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

☐ D  
☐ E/F  
☐ G